

The state board should be provided with a chemist and a bacteriologist and a well-supplied laboratory. A state inspector could, with advantage, be employed all the time, with power to investigate wherever there was a nuisance—polluted water, impure food or milk, or, indeed, any condition detrimental to health. All regulations of the county board should be submitted to the state board so as to insure uniformity. All health officers to serve four years, unless removed for cause after a full hearing.

This is a mere outline of an organization, but when elaborated and supplemented with a few plain, effective laws, and appropriations sufficient to carry on the work, would make it possible for California soon to stand in the front rank of sanitary states.

DISCUSSION.

Dr. Martin Regensburger, San Francisco.—The sanitary needs of the state are indeed very great. I expected to find more complaints in Dr. Foster's paper than he has made. The board of health is at present formulating laws for getting the sanitary condition into shape. Heretofore in this society the question of politics has been looked upon with sneers. With the experience we have had with our board of examiners we know just the difficulty we have had securing these laws. If our members would take an interest in politics, see the different legislators and explain the necessity of sanitary laws, there would be no trouble. Our laws are such that the state board of health is powerless. We can go to the different county supervisors and influence them to take action, and we may or may not meet with success. A short time ago a delegation came to me and wanted help. They were in trouble with their doctors. Their health officer was not a doctor, and they could not get the proper care for a sick man. They appointed a new board of health, and the man was attended to, after ten days with no medical attendance. We have established in San Francisco a conference for the purpose of aiding the State Board of Health in securing laws. The state and city boards of health, the Marine Hospital Service and the Merchants' Association are working together harmoniously. The conference which we had last year has been continued. As you all know, we were looked upon as a set of liars. I think a great deal can be attained for the sanitary needs of California. We have also established a laboratory to aid the state when making an examination of any suspicious case. If the health officer wishes to send a smear or bacteriological specimen, our bacteriologist will make the examination for him. I would like to emphasize that if the State Society would have a committee on politics, a committee which would interest itself in formulating some kind of a resolution to send to the different legislators, it would be of great assistance. The State Society should be the one to assist the State Board of Health.

Dr. H. N. Rowell, Oakland.—I have been much interested in Dr. Foster's paper and the discussion. It has a direct bearing upon the "doctor in politics." Doctors are not sufficiently in politics to see whom we send to the Legislature. We should be more interested and particular instead of swallowing the political program. It is far better for us to see our man and have something to say to him prior to his election. Doing this we have something to bank upon. Then we would not have to go and wait for him, but we would have a right to him by the reason of the promises he has made. I wish to see the day when the doctors will be, as a whole, better politicians.

Dr. C. C. Browning, Highlands.—There are two features of the paper which I would like to mention. First, in regard to the term of office of the health officer. Instead of four years, I think it should be for a term of good behavior; should not be removed unless removed for cause. I believe in that way greater good could be accomplished, and the efficiency

of an officer would increase with the length of service. Another point is the matter of salary. As the law now stands the salary is not more than \$50 per month. The doctor proposed that the county health officer shall draw an adequate salary. With reference to my own county, if I have the data correctly, we are paying that \$50 to the county health officer, and require of him that he shall treat the persons in the County Jail and attend and assist the physician in charge of the County Hospital. He considerably more than earns his \$50, and has not yet given any attention to the health of the county. In addition they have a large number of local health officers, who receive about \$15 per month. We are paying to these health officers, including the county health officer, about \$300 per month. There is a salary that would be attractive. A good man might be obtained for \$200. I believe that then conditions might be much improved, and really at a saving rather than additional expense when we speak of the increased salary. The salary should be accumulated on one man who would devote his entire attention to the work.

Dr. N. K. Foster, Sacramento.—In regard to Dr. Browning's suggestion for the term of a health officer, I am ready to accept his amendment. As to the payment, I think it would be cheaper if we had a well-paid officer than the numerous officers we have. In relation to politics, we should not only see the man before he goes to the Legislature, but some of you should go yourselves. There are conditions there always assigned to the committee which they can go through. They can manage the committee. Anyone knows that if you get a favorable report on a bill it has a good chance to go through. If unfavorable, it is almost sure to die. It did me good to hear our president's address this morning. He went over ground very seldom spoken of. I hope that all over the state there will be an effort to get some medical men into the Legislature. We must have sanitary laws. We are way behind in that regard. It is discouraging to try to work when you cannot accomplish anything.

PERTUSIS OR WHOOPING COUGH AND ITS TREATMENT.*

By H. J. RING, M. D., Ferndale.

PRESUME you are all familiar with the pathology of whooping cough. I am not. You know its peculiar symptoms and characteristic cough. You know it is a contagious disease. I do not need to go into details in describing the disease, more than to say that it is a catarrhal inflammatory condition of the respiratory tract associated with a peculiar spasmodic cough ending in a whooping inspiration. The bacillus of whooping cough has not been positively obtained and identified, but there is hardly any doubt of its existence, consequently it should be classed among purely infectious diseases. We will pass its etiology, pathology and bacteriology. The clinical history is as follows: Stage of incubation varies from four to fourteen days, when the catarrhal stage is ushered in, lasting a week to ten days, succeeded by the paroxysmal stage, when diagnosis becomes easy.

The treatment of pertussis is generally considered unsatisfactory, though made to embrace nearly all the therapeutic agents of the materia medica. We recognize it as a formidable disease; especially in very young infants it is very fatal, and at any age it may lead to grave complications and sequelæ. Hence anything that can be obtained for ameliorating its symptoms, moderating its course and shortening its duration, should be welcomed by the profession in the light of the fact that there are no known specifics for this disease. I do not mean to bring out anything new for your consideration, but,

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on the contrary, something quite old and perhaps forgotten by the majority of the profession of to-day, and I would not now bring it to your notice had I not had a long experience with it as a remedy that will always give you satisfaction. In 1880 I was in partnership with a Dr. Gale, and practicing in the state of Nebraska. Dr. Gale visited a brother, a physician, of Bloomington, Ill., who informed him that another old doctor told him that a fluid extract of chestnut leaves was a specific for whooping cough, and would cure it every time. My partner had three children who, on his return home, were taken with whooping cough. He procured the fluid extract castanea and gave it to his children, who promptly improved, and soon recovered. Since that time I have used it in every case of whooping cough, if I could procure it, which I could not always do; but since I have practiced in Ferndale I have nearly always had it at hand, and it forms the basis of my treatment for this disease in every case. I find, however, that it acts generally more promptly when I combine it with belladonna and hyoscyamus. Again, I have combined it with small doses of fl. ex. ergot where there was any indication of brain complications, with very satisfactory results.

The beauty of administering this remedy is that when given with syr. simple all children take it readily, as it is not unpleasant. Then again, it has no bad effect whatever in any manner, and appears to be perfectly harmless in moderate doses, no matter how long continued. And again, the same size doses should be given at any age over two years old, and 15 to 20 minims every two hours is sufficient. My usual prescription is this:

R Fl. Ex. Castanea 3;
 " " Belladonna gtts. IV;
 " " Hyoscyam m.x to 3i according to age;
 Syr. Simp q. s. ad. 3iv;
 (Any desirable flavoring may be added.)
 Sig. 3 every 2 hours.

Any local applications may be used in conjunction with this if required in severe cases, but castanea should be continued right along until treatment is unnecessary. I have used this remedy in this disease since 1880, and have always found it satisfactory, though it cannot be claimed to be a specific. It will moderate any attack and shorten its duration. It is, however, essential to know that you obtain a reliable preparation.

This may be an old chestnut of long ago, but try it anew and you may smile at its effects, especially if you have children of your own to try it on.

ADENOIDS.*

By E. A. DIAL, M. D., Santa Barbara.

THE physician who limits his practice to the treatment of the diseases of any special organ, or organs, is prone to become too enthusiastic on the importance of the pathological conditions of the parts he sees, treats, hears, and reads about. This may be true of the specialist who regards a woman's generative organs the center of her solar system, or the defective eye the cause of all headaches, or the stricture of large caliber the focus of all nervous troubles in the male; yet no man has ever exaggerated the important role that adenoids plays, in the causation of diseases. Therefore, I beg of you not to regard what I have to say as remarks coming from a man with a hobby.

About thirty-five years ago a physician, Hans Wilhelm Meyer, of Copenhagen, was consulted by a girl, aged twenty, who suffered from deafness, whose voice was most peculiar, and the expression of whose face was almost idiotic. He had seen and treated these cases before. Sprays, pigments, powders and in-

ternal medication had always failed him. We all know what it is to be confronted with incurable diseases, and can understand how the first impulse of this great man might have been to apologize for the inefficacy of medicine in such conditions. But right there "his tide was taken at its flood," and led on to a fame that will last forever. He did a simple thing when he passed his finger into the space between the nose and throat of this child, but he made a discovery that has benefited thousands, and will be a blessing to millions yet to come. And to-day there stands in the capital of Denmark the only monument ever erected to the memory of a man for the discovery of a single operation.

Situated at the vault of the pharynx is a collection of lymphoid tissue, called the pharyngeal tonsil, Luschka's tonsil or third tonsil. It is a normal organ; very vascular and covered by thin mucous membrane. Like the faucial tonsils it undergoes atrophy about maturity. Luschka first described it as a gland, or tonsil, studying it on the cadaver only. Now let us remember that the pharyngeal tonsil normally exists in children and is not designated as adenoids so long as it remains in a healthy condition. This is, by the way, contrary to the teaching of Prof. Bosworth, who holds that a tonsil is an abnormal growth, wherever found, and should be removed when visible.

The definition of adenoids as used in this article is, "An enlarged pharyngeal tonsil." This is short and simple, but it tells the tale. There are other diseases of the lymphoid tissue in the vault of the pharynx which are not embraced within this definition, and of which my paper has nothing to do. Meyer termed hypertrophy of the pharyngeal tonsil, "adenoid vegetations," from the mistaken idea that these growths are glands, which they are not, yet the term still clings to this condition. Adenoids is a disease of childhood—between the ages of two and fifteen. I have never met with a case, in my practice, before the second year. However, I have seen two nursing infants operated on for adenoids in the clinics of New York. If we bear in mind that the naso-pharynx of infants is usually smooth—the lymphoid tissue not being developed—we will not be fingering for adenoids on every babe who refuses to suck, for the supposed reason that it can not draw air into its nostrils and milk into its mouth at the same time. It is doubtful if true adenoids ever exist in the adult. I have curetted the vault of the pharynx of adult patients for a modified hypertrophy something like the enlarged lymph-follicles we see in chronic granular pharyngitis.

The problem is yet to be solved why some children have adenoids and others do not. The "causes" as given by the authorities are: It may be congenital, colds, measles, diphtheria, scarlet fever, influenza, heredity; "a catarrhal condition" of the nasal passages, deformity of the hard palate; obstruction in the nasal passages; strumous and tubercular diatheses; exophthalmic goitre; syphilis; digestive disturbances; a damp habitat, and so and so on. All of which means that nothing is known about the etiology of the subject under discussion. Notwithstanding this generous list of causes, which can be used to account for all ills, except gonorrhea, about sixty-five per cent of our cases of adenoids have no clinical history which in any way can account for the origin of the disease.

When we come to deal with the symptoms, we are more fortunate, as no disease presents more unmistakable signs. The great subjective symptom is mouth breathing, and mouth breathing means nasal obstruction, and nasal obstruction in a child means adenoids almost every time. If the vault of a healthy two-year-old child was kept continuously occluded with a sterile tampon—if such a thing was possible—I believe we would get the mouth-breather's face identical with that produced by adenoids; stupid expression, open fish-shaped mouth, thick lips, pinched

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